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CHARITABLE TRUSTS UNIT

COMMUNITY BENEFITS PLAN – REPORTING FORM
Pursuant to RSA 7:32-c - 1

FOR FISCAL YEAR BEGINNING July 1, 2013

to be filed with:

**Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591
www.nh.gov/nhdoj/charitable**

Monadnock Developmental Services
Organization Name
121 Railroad St.
Street Address
Keene, NH 03431
City State Zip Code

02-0369974
Federal Tax Identification Number
1620
State Registration Number

Has the organization filed its Community Benefits Plan Initial Filing Information form?

Yes _____ X _____ No _____

If No, please complete and attach the Initial Filing Information form.

If Yes, has any of the initial filing information changed since the date of submission?

Yes _____ X _____ No _____

If Yes, please attach the updated information.

Updated MDS Board Membership includes: Jim Craiglow, President, Jim Schofield, Vice President, Sand Seligman, Secretary, Michael Forrest, Manfred Torelli, Judy Reed, Don Hayes, Shelly Viles, Terry Manahan, Elizabeth Kenny, Adele Remillard, Beth Provost

Section 1 – Community Benefits Contact Person:

- Name and Title: Mary-Anne Wisell, Director of Operations
- Address: 121 Railroad St. Keene, NH 03431
- Telephone Number: 603-352-1304

Section 2 – Mission Statement:

Statutory reference: *RSA 7:32-e I.*

The health care charitable trust must provide its most recent mission statement and the date it was adopted. The mission statement must describe the purpose of the health care charitable trust and delineate how the mission statement related to the community benefits reported. The mission statement must be reaffirmed on an annual basis.

1. What is your mission statement?

The mission of MDS is to work toward inclusion, participation and mutual relationships for all people who are at risk of isolation from community. We will promote self-determination and quality of life, develop an environment which encourages creativity, innovation and individuality, and ensure quality of supports.

2. When was it last reaffirmed? (Mission statement must be reaffirmed by the trust annually) *February 2013*

Section 3 – Miscellaneous:

Is this plan available on your web site? Yes ☒ No ☐

If yes, may we include a link to the plan on the CTU web site?

Yes ☒ No ☐ Web Address www.mds-nh.org

☒ Please check here if you are an area agency that reports to the Department of Health and Human Services

☐ Please check here if this report is filed for two or more healthcare charitable trusts.

Section 4 – Definition of Community and Population Served (RSA 7:32-d, II)

What community do you serve? (The community may be defined in terms of geographic boundaries, special populations, community groups, demographic characteristics, health status, health resources, healthcare utilization data, etc.) Communities Served

MDS is one of the ten Area Agencies designated by the NH Department of Health and Human Services to provide services to individuals with developmental disabilities, acquired brain disorders and other related conditions. We provide services to individuals and their families in the greater Monadnock region. These towns include: Alstead, Antrim, Bennington, Chesterfield, Dublin, Fitzwilliam, Frankestown, Gilsum, Greenfield, Greenville, Hancock, Harrisville, Hinsdale, Jaffrey, Keene, Lyndeborough, Marlborough, Marlow, Nelson, New Ipswich, Peterborough, Richmond, Rindge, Roxbury, Sharon, Stoddard, Sullivan, Surry, Swanzey, Temple, Troy, Walpole, Westmoreland, and Winchester.

Section 5 – Community Needs Assessment Information (RSA 7:32-f)

1. Did you conduct your own community needs assessment or did you conduct the needs assessment in conjunction with other healthcare charitable trusts in your community?

In accordance with He-M 505, MDS was re- designated by NH Department of Health and Human Services (NH DHHS). This occurs every five years when the agency participates in an extensive review/assessment process conducted by NH DHHS staff. This process includes several needs assessments which occurred in the fall of 2010 with a final report being released in 2011.

2. If you conducted your own assessment, please answer the following questions:

- a. When was the assessment last conducted updated? (Following the development of the initial Community Needs Assessment, the assessment must be updated every three years.) *In addition to the DHHS redesignation process, an Area Agency Strategic Plan was updated in 2011.*
- b. Describe how community input was solicited and used in conducting the Community needs assessment. (The needs assessment process shall include consultation with members of the public, community organizations, service providers, and local government officials in the trust's service area.)
 - *Input was solicited via survey and public forums*
 - *MDS National Core Indicator Customer Satisfaction Surveys which are sent to families and guardians, (Biennial)*
 - *Bureau of Developmental Services Adult Consumer Outcomes Survey (Completed annually- 10% of population or 20 face-to-face interviews)*
 - *Monadnock Developmental Services ongoing surveys regarding Early Supports and Services (children ages 0-3)*

- *Ongoing Respite Services Satisfaction Survey*
- *Monadnock Developmental Services Self-Directed Services ongoing satisfaction surveys*
- *Monadnock Developmental Services In Home Supports ongoing satisfaction surveys*
- *Ongoing feedback provided by the Region 5 Family Council*

c. If your assessment was conducted or updated this year, please attach a copy. *N/A*

If you conducted a needs assessment with other healthcare charitable trusts in your community, please answer the following questions: *N/A*

- d. If you are the trust designated by a group to file its community needs assessment with the Charitable Trusts Unit, please answer the following questions: *N/A*
- e. Describe how community input was solicited and used in conducting the community needs assessment. (The needs assessment process shall include consultation with members of the public, community organizations, service providers, and local government officials in the trust's service area.) *N/A*

Section 6 – Community Benefits Plan/Report (RSA 7:32-e, II-VI, RSA 7:32-I)

Describe in detail the cost of the community benefits planned by the health care charitable trust and the methodology for estimating the cost. The plan shall include an estimate of the cost of each activity expected to be undertaken or supported in the ensuing year and a report on the unreimbursed cost of each activity undertaken in the preceding year. For each quantifiable benefit, the trust should provide an economic valuation which identifies the unreimbursed cost to the trust of providing the benefit and the method for calculating that cost. Nonquantifiable benefits should be identified separately and described in narrative form.

The cost of the community benefits provided is \$27,475,771 as determined by contract with the New Hampshire Bureau of Developmental Services.

PLEASE NOTE: RSA 7:32-I allows healthcare charitable trusts to file community benefit plans individually or in a combination with others. If you are filing a report on behalf of two or more entities, the following additional requirements must be met:

- **The collaborating entities must choose a single date which is identified as the fiscal year beginning date for the plan. Please specify the date so selected.**
- **Please copy and complete page 1 (Sections 1-3) of this form for each member of the group;**
- **Please answer Section 6, questions 2 through 8, for each member of the group. *N/A***

Section 7 – Public Notice (RSA 7:32-g)

How is your plan/report made known and available to the public?

Our last Redesignation report (FY2011) is available on The NH DHHS website, the agency website and at the agency office. A copy of the strategic plan is available at the MDS office located at 121 Railroad St., Keene, NH.

Section 8 – Additional Information

Section 8 is optional. However, responses will assist us in assessing the overall cost/benefit of implementing the community benefits reporting law and will assist the legislature in future policy decisions.

1. Did you or your group hire an outside firm to prepare your needs assessment?

No

2. Did you or your group hire an outside firm to prepare your plan/report?

No

3. What was the cost of the needs assessment in dollars and/or personnel hours?

Not calculated

4. What was the cost of the plan/report in dollars and/or personnel hours?

Not calculated

5. Did the services you deliver change in any way as a result of this assessment and reporting process? Please describe.

Services delivered are responsive to on-going feedback from clients, and from constituents via the Redesignation process and Strategic Planning process.